



Groveport Madison Local School District Home Language Survey

Groveport Madison Local School District requires all schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, additional assessment and support may be required for your student.

Please complete this form and return it to your child's school by Friday, January 26th, 2018.

Thank you for your assistance.

Part 1. Student Information		
_____	_____ / ____ / ____	_____
First Name	Middle Name	Last Name
_____	_____ / ____ / ____	<input type="checkbox"/> <input type="checkbox"/>
Country of Birth	Date of Birth (mm/dd/yyyy)	F M
		Sex
_____	_____	_____
Current School Attending	Current grade	
Student had attended school ONLY in USA: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If No, and student attended school in country other than USA, enter date first enrolled in ANY U.S. school: _____ / ____ / ____		
(mm/dd/yyyy)		
Part 2. Primary Language Information		
Check ONE of the following:		
_____ English is the ONLY language spoken by the student, parents/guardians, and other family members residing in the home. (Skip Part 3 and proceed to Part 4 of this form.)		
_____ A language other than English is spoken by the student, or parents/guardians, or other family members residing in the home. (Proceed to Part 3 of this form.)		
Part 3. Languages Other Than English		
Native Language: If other than English, list the native language of each parent/guardian. _____ (mother / father / guardian) (circle one) _____ (mother / father / guardian) (circle one)	Home Language: Which language(s) is/are spoken at home with your child? _____ _____	
Will you require written information from school in your native language? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you require an interpreter/translator at Parent-Teacher meetings? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Part 4. Parent Signature		
Parent/ Guardian Name: _____ (PLEASE PRINT)		
Parent/Guardian Signature: X _____		_____ Today's Date (mm/dd/yyyy)